

TEMPORARY TREATMENT WITHOUT CERTIFICATE.

SIR,—The correspondence of the last few weeks on temporary treatment without certification brings out very clearly the confusion that exists concerning the meaning of Section 5 of the new Act, which deals with the question. If Dr. Vernon Davies's interpretation is accepted—and he is in an exceptional position to give an interpretation—that the form of words, “incapable of expressing himself as willing or unwilling to receive treatment,” means literally what it says, then it would appear that the intentions of the promoters of the Act have been practically nullified; for I do not think the section so interpreted will apply to 5 per cent. of the admissions to mental hospitals.

The carrying out of the section, however, will depend upon the view taken by the Board of Control. That the Commissioners may not hold the same opinion as Dr. Davies is indicated by the reference in their last report to the epoch-making character of the change caused by this section. Having regard to the obscurity of the situation, the importance of the point at issue, and the short time that now remains before the Act comes into force, it would be helpful to all concerned for the Board to make known its official interpretation.—I am, etc.,

London, W.1, Nov. 29th.

FREDERICK DILLON.

ROLL OF BIO-PHYSICAL ASSISTANTS.

SIR,—Will you allow me space to express the appreciation of the council of the Chartered Society of Massage and Medical Gymnastics of the steps taken by the British Medical Association to bring the Roll of Bio-physical Assistants to the notice of medical practitioners. The inclusion of the topographical section of the Roll in the *Supplement* to the *British Medical Journal* of November 15th is certainly a practical way of making known this register of “persons competent to dispense the direct current, ionization, faradic currents, sinusoidal currents, diathermy, high-frequency currents, light and heat, and ultra-violet light.”

The majority of those admitted by the Society of Apothecaries to their register of lay assistants have qualified first in massage, and, being members of the Chartered Society of Massage and Medical Gymnastics, are entitled to use the distinctive title of Chartered Masseur or Chartered Masseuse. The privilege was allowed by the Privy Council with a condition that the title was used only *without abbreviation*, and, in view of this understanding, the council was concerned to find that the initial letters have been used in the reference made in the Roll of Bio-physical Assistants as it appears in the *British Medical Journal*. There was not an opportunity to correct the omission before publication, but our regret for the occurrence, together with a reference to the circumstances, has been conveyed to the Privy Council, and has been accepted by it. The council is glad to have this opportunity to inform readers of the *British Medical Journal* that the designation allowed to members of the Chartered Society must be used by them in full—Chartered Masseur or Chartered Masseuse.—I am, etc.,

London, Nov. 25th.

R. C. ELMSLIE,
Chairman of the Council of
the C.S.M.M.G.

THE WORK OF LABORATORIES.

SIR,—My friend Sir Walter Fletcher, speaking of me in to-day's issue of the *British Medical Journal* (p. 928), says that when opening the Banting Institute of Toronto I “took occasion to belittle the work of laboratories.” What I wrote of laboratory experiment was (*Lancet*, 1930, ii, 779): “Yet when fullest allowances are made, the method remains one of extreme importance, of most fruitful results, of a value indeed second in accuracy and relevance only to that of direct hominal research itself, with which, whenever possible, it should be combined”; and again: “Let no one for a moment suppose that I am critical of the methods or results of collateral experiment, or of their great value in illustrating and elucidating the problems of hominal disease.” Is this “belittlement”?

A further charge is made that I “thought that the idea that the laboratory workers did, or could, hand over new

weapons for the physician to use was laughable.” My statement with regard to laboratory workers was in the nature of a comment upon the following question asked in the annual report of the Medical Research Council. “Is scientific work by the physician or surgeon limited to the application in his art of scientific results worked out elsewhere in the laboratory, and delivered to him for use?” and I said, “The assumption inherent in the question that ready-made weapons are fashioned in the laboratory and handed over with magisterial authority to the physician, who humbly acquiesces in their prescribed use, is too amusing for serious discussion.”

Sir Walter Fletcher is here twice guilty of grave offence. He garbles a story to deny it. It is not true that I took occasion in my address to belittle the work of laboratories. I praised such work and pleaded for its extension to human problems. It is not true that I was laughing at “the idea that laboratory workers did, or could, hand over new weapons,” but it is true that I found the question as to whether the scientific work of physicians and surgeons was *limited* to the application of laboratory results very amusing. There is all the difference between my statement and the corrupt versions given by Sir Walter Fletcher, who, to my sorrow, has so egregiously failed to capture the spirit of my address.

Sir Walter Fletcher is Secretary of the Medical Research Council, and research implies a disinterested pursuit of truth. He should therefore be quick on the scent of truth, and be its guardian and apostle. I am wounded in the house of my friend when I find it agreeable to his standards of accuracy, even in so small a matter as this, to injure truth so wantonly.—I am, etc.,

London, W.1, Nov. 29th.

MOYNIHAN.

ANTIMALARIA MEASURES.

SIR,—Colonel Gill has now defined his position clearly. The reports, articles, and books on antimalaria work in Malaya speak with no meaning to him. To him the results are “equivocal.” Major Walker, R.A.M.C., published in the January number of the *Journal of the R.A.M.C.* an excellent article entitled “Antimalarial measures in Malaya.” In it he says:

“The result of all this work has been the opening up of vast tracts of hitherto forbidden land, the saving of thousands of lives and dollars, and of necessity a tremendous improvement in the general economic condition of the country. Millions of dollars have been expended on this work, but they have been returned a hundredfold.”

Governments, Councils, State Boards, directors of companies, officials and unofficials, private citizens, Europeans and Asiatics, have spent millions over a period of thirty years. If Colonel Gill is right, they have been, in spending this money, very foolish. If they have been right, what are we to say of Colonel Gill? I leave it to your readers. But can we be surprised that the work in Malaya has no lessons for him in India?—I am, etc.,

Ross Institute, S.W.15, Dec. 1st.

MALCOLM WATSON.

RESULTS OF TREATMENT OF CANCER.

SIR,—As there may be delay in arranging such an exhibition of cases as Mr. Fitzwilliams suggests in his letter published on November 29th, may I say that I am quite ready to accept his challenge to exhibit cases of breast cancer treated by x rays. My colleagues would probably agree to certain of their patients being shown at a Sectional meeting of the Royal Society of Medicine. Might I suggest that my work is not conducted in the dark? For the past nine years at the Middlesex Hospital I have seen cancer and other patients treated by x rays in a follow-up clinic at 2.30 p.m. on Wednesdays; radium patients are now seen on Mondays at 11.30. Any medical man who wishes to see patients is welcomed.

As regards tongue, rectum, and cervix cases, my experience is almost entirely confined to “prophylactic” radiation after operation, or to patients inoperable, or with inoperable recurrences. Dr. Hernaman-Johnson some years ago replied to a somewhat similar challenge from Mr. Victor Bonney by showing how limited the gynaecological material sent to radiologists is in this country.

Mr. Fitzwilliams mentions three sites in which radium is generally accepted to be of greater value than x rays (that is, than the x rays of the present, and as now employed). Had he instanced cancer of the thyroid, of the testicle, and cranial tumours his challenge would have been more generously framed, and could have been more easily replied to.

I propose to give a further paper on the treatment of operable cancer of the breast by x rays and radium at the Third International Radiological Congress next July in Paris; this will review my work to date, and show some five-year results. At the same congress I believe there will be remarkable results brought forward from the x -ray treatment of cancer of the oesophagus, by a new technique from a Continental clinic. We advance by degrees; and Mr. Fitzwilliams might be gently admonished to ponder on Renan's saying that "La verité consiste dans les nuances."—I am, etc.,

London, W.1, Nov. 29th.

J. H. DOUGLAS WEBSTER.

GLYCERIN IN MIDWIFERY.

SIR,—In all confinements there is a certain amount of injury to the perineum varying in degree—for example, bruises, lacerations, and tears. Tears are stitched. The only other treatment seems to be cleansing with weak antiseptic lotions by the nurse in attendance. Bruised, lacerated, and oedematous tissue is the most likely field for micro-organisms to flourish in. During the puerperium the damaged tissues are constantly bathed by lochia and vaginal secretion. The reaction of the latter is altered. These and the close proximity of the anus tend to favour the presence and growth of bacteria.

It seems desirable in such cases to use an application which would inhibit the growth of bacteria, reduce oedema, encourage healing, and at the same time be soothing and comforting to the patient. To obtain these results I find warm glycerin the most effective. Glycerin does not evaporate, is powerfully hygroscopic, and inhibits the growth of bacteria, particularly the cocci and coli group, the causal organisms of puerperal sepsis.

I first used glycerin in the puerperium for its soothing effect on haemorrhoids. I was so pleased with its healing effects on the perineum that I now use it as a routine practice at every confinement. Cases treated by this method showed no signs of sepsis.—I am, etc.,

November 24th.

RONALD MACKINNON, M.B.,
Honorary Pathologist, Oldham Royal
Infirmary.

CYANOSIS WITH COLLAPSE.

SIR,—Blue sickness, or cyanosis, occurs to-day in quite a number of chemical industries, and its significance varies with the cause. In mild cases—nitrous fume inhalation, for instance—there is merely a loose linking up of the oxyhaemoglobin with the nitric body to form a nitric-oxide-haemoglobin, a forerunner of methaemoglobin, and such cases are very easy to re-oxygenate. Occasionally there is an observable cyanosis, with normal blood and perfect health, a not uncommon state in T.N.T. operatives. In the benzene group conditions are altered, and become pathological. Both the amido and nitro derivatives discharge the haemoglobin from the red cells and fix the oxyhaemoglobin. Aniline, which is amidobenzene, possesses this toxic property, and the nitro-anilines, and particularly para-nitraniline, an important body in many technical processes, has this toxicity in much greater amount than aniline. Nevertheless, I doubt very much if methaemoglobinaemia is the diagnosis for Dr. Lempriere's case (*Journal*, November 22nd, p. 892). There is not enough benzene chemical (nitro or amido) to bring about this issue in one drop of dye. The details are: "Some on his lips and a drop in the mouth, immediately washed."

We have to remember that before clinical signs of poisoning by methaemoglobin appear a very considerable quantity has to be present. W. J. Dilling places it at 40 per cent. of the oxygen present, and states that it is only when this figure is reached that the characteristic bands show in the spectroscope. Seen thus, the case is: "Can 40 per cent. of the oxyhaemoglobin present in a

boy of 14 years be fixed by the atoms present in a drop of an aniline dye?" The only answer is, "Yes, by catalysis"; and while this might appeal to a chemist as a reasonable answer, it is from a medical standpoint a *reductio ad absurdum*.

But Dr. Lempriere's letter has the great interest that it points to another possible form of aniline poisoning. Many industrial physicians believe that particularly the nitro derivatives of benzene poison the central nervous system, and that not all of the complex symptoms, including brain lesions, can be explained by the anaemia, and it may well be that this case in point supports this idea. My impression of what happened is as follows. The boy was probably using a pipette (his lips were stained), and drew some of the aniline dye into the fibre stopping in the incisor socket. It may have been one of the more toxic preparations, such as para-nitraniline. This would dissolve the lipoids in the incisive nerve, whence there is a direct track to the pons. I think the boy suffered from early narcosis and poisoning of the central nervous system, and that such a case might have been fatal.—I am, etc.,

Stevenston, Ayrshire,
Nov. 24th.

HARRY M. ROBERTS,
Medical Officer,
Nobel's Explosives Company Limited.

PARTURITION PER PERINEUM.

SIR,—The case described in your issue of November 22nd (p. 863) under the above heading is certainly very rare, but I had an almost identical case over twenty years ago, which was reported in the *Transactions* of the Glasgow Obstetrical and Gynaecological Society (vol. v, p. 148).

In my case, which was a persistent occipito-posterior presentation in a young primipara, I had applied the forceps in the usual way, when quite suddenly the perineum gave way in front of the anus, and the head appeared, to my consternation, through the "central tear," carrying the blades of the forceps with it. I had hardly time to get the forceps out of the way before the child was delivered "through the laceration." The anterior and posterior boundaries of the perineum remained intact, and the laceration began in front of the anus and ran obliquely forwards to the left side of the fourchette and fully two inches beyond that point.

The tear was carefully sutured, but the sutures had to be removed on account of sloughing. With rest in bed, however, and frequent bathing of the parts with a weak solution of perchloride, rapid healing took place, and the patient bore several children afterwards without any recurrence. The only explanation I can think of is the prolonged pressure of the head against the perineum. No anaesthetic was used, and very little, if any, traction was necessary.—I am, etc.,

Airdrie, Nov. 24th.

ALEX. J. WILSON, F.R.C.S.Ed.,
D.P.H.

SIR,—I should like to record that four years ago I had a confinement case similar to that described by Drs. Tindal and MacLennan in the *Journal* of November 22nd. I was called to the case by a midwife, and on arrival found the child born, with the umbilical cord passing through a gap in the perineum of corresponding bearings to that in their patient. The placenta followed spontaneously by the same passage, and the gap subsequently was closed by catgut sutures. I am pleased to say that the gap healed and the patient got on well.

The woman was a multipara, and gave the same history of having been badly torn at the previous confinement. The perineum had been stitched, but evidently the distal sutures had not been inserted deeply, thus causing a dip in the upper portion of the vaginal passage, and a very attenuated perineal surface.—I am, etc.,

Seven Kings, Ilford, Nov. 25th.

R. BOYD ROBSON, M.B., Ch.B.

SIR,—The memorandum by Drs. Tindal and MacLennan is most interesting, but the accident is by no means unique. Sir J. Y. Simpson recorded a case of "Perineal fistula left by the transit of the infant through the perineum" in the *Edinburgh Medical Journal* (1855, i, 1).